

**Vision Council  
North Star Workgroup Meeting  
August 31, 2022**

**Attendees:**

Greg Bellville  
Andrea Dencklau  
Tim Wilson  
Ana Clymer  
Anne Starr

Jen Royer (Four Oaks)  
John Twardos  
Kristie Oliver  
Cody Crawford

**Resources:**

[Iowa "From-To" Culture Shift](#)  
[Vision Council Results Action Plan \(3-28-22\)](#)  
[May 17, 2022, North Star Workgroup Notes](#)

**Context:**

[Call to Action & Accountability](#)

**Meeting Purpose:** To reflect on the Vision Council's progress and ensure the members of the North Star Workgroup are clear about what is possible for the upcoming year.

**Meeting Results:**

1. Align the name with the results of the workgroup
2. Be aware of the current work being done towards the results
3. Select at least one priority to advance during the fall and to the end of the 2022 calendar year.
4. Make action commitments to sustain the work

**Welcome, Meeting Context & Overview**

**Introductions and Check In/Updates**

**Alliance for Equitable Housing Presentation**

- [Commitment Update from Ana Clymer](#)
  - What are other connection points?
  - How do we think about Housing and Homelessness across the continuum? Deep end homelessness and consistent ability to access stability to the other end of the continuum home ownership and access to credit. Equity issues are across all those areas.
  - Some of the key issues are
    - What is the current housing stock?
    - What are we investing in? (Renters to those experiencing homelessness with equity lens across all of the issues.)
  - Linn County is working through an outreach strategy. They are trying to meet monthly. There is a plan to present to the board of supervisors and also bring the information to the community resilience panel to talk about housing.

- Cody Crawford
  - Roles in HHS
    - Oversees a case management that experience homelessness but also have co-occurring substance use and serious mental illness diagnosis
      - They are doing everything from housing navigation to case management in the sense of finding employment, education, and childcare. Being able to reunite families as it the person is coming out of treatment is a key component as they come out of treatment and stabilizing in their recovery. One of the huge components of this is stable and safe housing. We are around 60,000 units short of housing.
    - Oversees the population that are difficult to house. Individuals that are in recovery who have a criminal background or poor rental or credit history. Because the need is so high landlords can be picky/choosy and sometimes doesn't keep up their lower income units.
      - 1<sup>st</sup> Nationally Certified Recovery House in the state of Iowa is in Des Moines. [Business Record Article](#)
        - Certified through the state of Missouri because Iowa doesn't have a certified affiliate yet. This is something Iowa is working on. Iowa is working with the National Alliance for Recovery Residences (<https://narronline.org/>). They are in 40 + states. NAR is the national level affiliate. NAR is who congress, and SAMHSA look to when looking at national best practices. NAR is helping Iowa create a state level affiliate, which would be a separate 501(c)(3). The NAR guidelines can be tweaked a little bit to fit Iowa, the population, and our needs. We need to figure out how do we make it work in Des Moines, but also Bronson (small town).
        - Recovery residences are a tricky way to do this. The ultimate goal is not necessarily to take organizations that are already doing this and certifying them. This is a big part of what they are doing, but the goal is to get new beds and locations for housing.
        - With recovery residences there is another fine line to walk between sober based recovery, abstinence-based recovery, and non-abstinence-based recovery. With the HUD funding and most of the housing funding in the state and nationally there is the Housing First Model. The Housing First Model states that people should be able to be housed and not have services of any kind. Get them house and stabilized so they feel safe and comfortable enough to begin looking at the services that they need. This is very successful in a lot of arenas. But because Recovery housing is recovery based for the most part abstinence based is what people think of when they think

- of recovery. With the NAR accreditation - they do not follow the Housing First Model.
- Inside the recovery residence world there are 100 ways of doing it and 100 ways of being done.
    - Missouri has a very expansive housing network: around 200 homes that make up 1,400 beds. Missouri has a tiered system that has worked very well. The Vision Council would fit into what is done in Missouri because they have levels of housing that are half-way houses (staff live with them - clinical - not in patient treatment, but pretty close to that). There is a stair step so when people are more stable and more comfortable with their recovery, they can move to a home is less restrictive. There may not be as many services on hand. All the way up to sober living facilities- where it is just the people in the house taking care of each other. **Inside of the continuum is a sector of housing that is invaluable and fits the Vision Council's work - it is housing specifically for families.** An example is if someone comes out of treatment that is early recovery who is in the HHS system, but their issue is that they cannot get their kids back until they have a place to live. For the most part half-way/recovery houses, don't offer beds for kids. The goal is to work with HHS to move the kids in with their parent so the parent can still be in a recovery focused environment, but also getting the family reunited to then move to permanency housing. Respite housing is also something that Iowa is looking at, so they don't lose their housing.

Question: What funds the network of homes and beds in Missouri?

- Not what Iowa has access to right now. What Iowa is looking at are the dollars that are unable to use because there is not an accrediting body in the state. They won't fund the organizations themselves but will provide housing to the individuals for rent subsidy, to help offset their rent. There used to be a federal program ATR (Access to Recovery) that offered services to people in treatment and recovery. When that went away the state of Iowa stepped away from the ATR and now do piece meal grants. What Missouri did was when ATR came to an end they went to their legislature and said this is how successful this has been and this is how we can continue it in Missouri, but we need dollars. The first year they got \$1 million line-item in the state budget. The next year they were over \$2 million and now they are between \$3-4 million line-item in the state budget. They have more capacity. In addition, each individual does its own fundraising. There are also some federal dollars for recovery. There is a proposal that the substance use block grant is mandating that some of the funds be used for recovery services - with housing being one of those.

- Missouri has done a good job of advocating. They are also in line with the faith community and get dollars through the faith community.

HHS Alignment: Cody has had conversations with the Iowa Finance Authority, but the biggest struggle is the housing first issue. If not all, but most of the funding flowing through the Iowa Finance Authority has a Housing First requirement.

- Straddle the line of how we partner, but still meet all the requirements that HUD puts on those dollars but follow the best practices in the recovery community.
- Talking with Karen Hyatt on how case management with DHS overlaps and how they can work together with SUD case management and the workforce of people with lived experience (mental health, substance use, homelessness). How can we work better to engage those with lived experience.

Question: Knowing that HUD talks a lot about urban and rural - are people being housed in communities where they have their support network? There was a full day meeting on this topic - where are the service deserts and how does Iowa get rid of them? When you get into rural areas there is nothing there. Do we utilize telehealth? How do we utilize the workforce with lived experience and build skills inside that workforce.

- In the local Linn County Equity conversation - the needs of communities are different based on the needs of the communities. If we are talking about immigrant and refugee this is different than our black neighbors or Hispanic neighbors, so it has to be individualized. The same with the continuum. **What are the Vision Council's priorities to move something forward because it is a huge continuum?**

Question: How do we figure out what people's housing situation is? Are they unsteadily housed are they homeless or are they at risk and how do we find these numbers. Especially when we talk about people at risk.

- One thing that is being done that NAR worked extensively on this on the substance abuse side. The ASAM assessment is what treatment agencies use to diagnosis individuals, but there are also different fields that talk about other behavioral health issues, legal issues, social determinants of health. One of them has always been what is your housing situation, but it has always been vague - there are a lot of nuisances in the definitions. The new ASAM is going to be updated so we will have a much better idea of what the housing situation is.
  - We need to know what these numbers are when we are talking advocacy.

Substance Use Disorder Workgroup: There was a lot of similar conversation in the Substance Use Disorder Workgroup. The SUD workgroup talked about e-harmony for peer supports. How do we take inventory of what the skill sets, and experiences are across all the peer support networks so we can match those up with people seeking peer supports so we are not siloing those people providing peer supports.

Question: Is there a conversation with how to connect these services with child welfare so when people are making calls to HHS we are getting them connected to these services.

- Cody has not. The work that Cody has been involved in with child and family services is reunited after the parent comes out of treatment or mental health services. It should be a bigger discussion with the alignment, especially on the prevention side.
  - **Question: How can the Vision Council help facilitate that conversation or be a voice because doing work on the prevention side seems essential?**

- Coordinate conversation with Vision Council leadership, Karen Hyatt and Cody.
- With HHS doing more work on the recovery side it is going to be a bigger discussion with reunification in what we need to do and how can HHS caseworkers work with the substance use side a little tighter.

Cody's Email: [cody.crawford@idph.iowa.gov](mailto:cody.crawford@idph.iowa.gov)

## **2022 Focus: What can we do by the end of calendar year 2022?**

### Result 1: Thrive Together as Families

Strategy 1.1: Establish trauma-informed, healing-centered systems

1.1.3 Build a culturally and content competent health, housing and human services workforce that reflects the diversity of Iowa communities. (NSWG)

1.1.3a Vision Council and Cultural Equity Alliance form a partnership

**NOTES:** Cultural Equity Alliance has been working closely with Olivia Walker, Health Equity Coordinator of HHS and trying to identify ways to get baseline data on workforce and thinking about strategies that are already occurring. How we strengthen what is already doing and help contracted partners and others are already doing to be able to capture and report on it to inform the alignment process. We want to make sure that things are "self-ready" that recommendations are built out, researched, and identified to move forward.

**EXPLORING THE ADDITION:** 1.1.3b Representative of lived experience and expertise (Peer to Peer Support)

- Is there payment for peer-to-peer support that is adequate and sustainable?
- Iowa Peer Workforce Collaborative: <https://iowapeersupport.sites.uiowa.edu/>
- What are the components of a trauma-informed, healing-centered systems and then the action steps can flow from there. We need to be more specific on what the system looks like and then our strategies/action steps will naturally flow from there. It seems like a hard connection back if we don't explain it anymore.
  - What is trauma-informed and healing-centered? How do we define?
    - **Next Step/Action Commitment:** Andrea to put together a proposal on the definitions to present to the workgroup at the next meeting.
- The other thing we are not thinking about is how the licensing and accrediting bodies deal with this issue.

## Result 2: Families and Children (in the Focus Populations) are Connected to Permanent Housing

Strategy 2.1 Ensure there is a concerted, results-focused effort to provide permanency housing options for families in the Focus Populations.

2.1.1 Forge a collaborative planning and advocacy effort with the MCOs and other entities known to work on ensuring sufficient permanent housing for families, including determining what is needed to bridge families in the VC Focus Populations to stable housing (NSWG)

2.1.1a Determine whether a family housing collaborative is needed or a voice for children/families within housing conversations, decision making, and advocacy.

### NOTES:

Program Populations

*#1: Iowa families living with substance use disorders who have young children (ages 0-10)*

*#2: Iowa youth of color (10 and older) & their families who experience risk factors and systemic inequities that put them at greater risk of involvement in the Child Welfare or Juvenile Justice Systems.*

The National Alliance for Recovery Residences and recovery houses is a good place to start. There are ideas that focus on both program populations - not so much the older youth, but we also need to look at the Family Unification Program (FUP) Vouchers:

[https://www.hud.gov/program\\_offices/public\\_indian\\_housing/programs/hcv/family](https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/family).

- ACTION STEP: Mapping exercise: Where are the FUP Vouchers in the state of Iowa? Who is overseeing them? How are they utilized? Once we find this out - we could grow the program. FUD is for older youth aging out of care and families.
  - **Action Commitment:** Andrea to recruit people to help with the mapping exercise.
    - We have the FUD Voucher that is meant for families involved in child welfare and now Iowa has a Recovery House which is a good model. The problem with the vouchers is there is not place to use them. What if someone agrees to be the place to use them? FUD Voucher is local.
      - In Linn County there was a specific FUD program, but then it went away.
        - **Action Commitment:** Ana will follow up with Matt Majeski (Cedar Rapids Service Area Manager (SAM))
          - Opportunity for the Vision Council to make connections between providers HHS or public housing agency or whoever is in charge of them. This may be an avenue to explore.
        - **Action Commitment:** Andrea will send out an email to the Western, Des Moines, Northern and Eastern SAMs and ask them about FUD vouchers in their service areas. Andrea will carbon copy Ana and Kristie.
        - **Action Commitment:** Kristie will provide the notes and information to the Child Welfare Partners Committee to see if this is something that group wants to pursue.
- ACTION STEP: We have already connected Dawn Kekstadt and Cody, so not sure what the follow-up would be. Dawn is going more to community access instead of

family services. She is going to be out of the prevention space more than she has been. She may not be the right person but keeping her keyed into this space is a good place to start. The lever is Iowa has their first Recovery House up and running - if there are measurements that Cody needs to track to help draw down IV-E dollars, etc. these should be measured.

- **Action Commitment:** Greg is going to touch base with Dawn and recommend that Dawn touch base with Cody again.
  - Prevention & Intervention
    - They do screenings for substance abuse does HHS have a housing question in their screening?

2.1.1b Secure funding to sustain the VC's work on housing

Result 3: Families and Children in the Focus Populations have a Family Economic Profile that Equates to a Moderate, Adequate Standard of Living.

No priorities for 2022 was selected for this result.

**Name Alignment:** Members of the North Star Workgroup will continue to think about aligning the name of the workgroup with something that is more descriptive.

**Adjourn**